

Filing Fee \$40.00

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**CERTIFICATE OF CONFIRMATION
OF REGISTERED AGENT AND
REGISTERED OFFICE**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

Pursuant to [31 MRSA §524.1.C\(1\)\(b\)](#), the undersigned limited partnership organized under the laws of _____
on (date) _____ executes and delivers the following Certificate of Confirmation of Registered Agent and Registered
Office:

The name of the Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to
do business or carry on activities in Maine, and the address of the registered office shall be

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

General Partner(s)*

DATED _____

(signature)

(type or print name)

For General Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If the new Registered Agent **does not** sign this form, Form [MLPA-18](#) ([31 MRSA §494.2-A](#)) must accompany this document.

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership.

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by at least one **general partner** ([31 MRSA §499](#))

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**